

ON-SITE ASSESSMENT

LABORATORY NAME: _____

CORRECTIVE ACTION PLAN (CAP)

VELAP ID: _____ SITE VISIT DATE(S): _____

LABORATORY RESPONSE:

DCLS USE ONLY:

Checklist ID / Issue #	Lab's Corrective Action Plan	Expected Completion Date	Documentation to be submitted to DCLS to demonstrate implementation*	Plan Approval [Yes/No]	Description of Documentation Received	Doc Accepted [Date]

* Include Quality Manual, SOPs, bench sheets, training records, meeting notes, etc. as relevant to demonstrate full implementation of corrective action. Typical corrective actions require updates to POLICY/PROCEDURE + PRACTICE, accompanied by STAFF TRAINING, for full implementation.

DCLS expects to see evidence of implementation of corrective action plans. For certification under 1VAC30-45, refer to 1VAC30-45-390 D and 1VAC30-45-100 B regarding the laboratory's responsibility for corrective actions. For accreditation under 1VAC30-46, refer to NELAC 2003 4.1.3 and 1VAC30-46-100 B.

PLEASE NUMBER INDIVIDUAL ACTION ITEMS AND DOCUMENTATION ITEMS WITHIN A CORRECTIVE ACTION.

See the Corrective Action section of the VELAP web page (www.dgs.virginia.gov/dcls) for additional information and CAP examples.